

**NC DIVISION MH/DD/SAS SAPTBG FUNDS  
WOMEN SET ASIDE FUNDING (WSAF) MONITORING  
2006 / 2007**

<b>LME:</b>		<b>Date:</b>	
<b>Contract Provider:</b>		<b>Unique ID:</b>	
<b>Control #:</b>	<b>Special Category:</b>	<b>Record #:</b>	
<b>Rating Codes: 0 = No/Not Met    1 = Yes/Met    9 = N/A</b>			<b>Rating</b>
1. There is evidence that this woman has a principal or primary DSM IV TR diagnosis of substance abuse or dependence.			
2. There is evidence that this woman's primary medical care needs were addressed.			
3. There is evidence that this woman's child(ren)'s primary pediatric care needs were addressed.			
4. There is evidence that this woman received gender specific treatment.			
5. There is evidence that this woman's child(ren)'s therapeutic needs were addressed.			
6. There is evidence that this woman's need for case management services was assessed and delivered, if needed.			
7. There is evidence that this woman's ability to get to and from substance abuse services was assessed.			
8. There is evidence this woman's needs for child care services (in order to participate in substance abuse services) was assessed.			
9. a. Documentation indicates this woman was pregnant when assessed for services. b. There is evidence of timely admission or referral to appropriate services. <i>If 9A=0/No, overall rating=9/NA; If 9a=1/Yes, answer 9b.</i> <i>If 9a=1/Yes &amp; 9b= 1/yes, overall rating = 1/Met.</i> <i>If 9a=1/Yes &amp; 9b=0/No, overall rating=0/Not Met</i>		a.	
		b.	
10. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. every 6 months thereafter		a.	
		b.	
		c.	
		d.	
		e.	
<b>COMMENTS:</b>			
<b>MONITOR:</b>			

**NC DIVISION OF MH/DD/SAS  
2006/2007 PROTOCOL**

**WOMEN'S SET ASIDE FUNDING (SAPTBG)**

**MONITORING INSTRUCTIONS**

**\*IMPORTANT:** DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS.

**\*IMPORTANT:** ON THE TOP OF THE AUDIT FORM, UNDER "SPECIAL CATEGORY" THE MONITOR MUST WRITE "PREGNANT" AND / OR "HAS DEPENDENT CHILD(REN)."

**Question #1** Review each service record to determine if the woman has a principal or primary DSM IV diagnosis of substance abuse or dependence.

**Question #2** Review the record to determine if the woman indicated she was already receiving primary medical care (if pregnant, prenatal care) or was referred to a primary care physician (if pregnant, prenatal care physician). The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

a. Individual indicated she was already receiving primary care (if pregnant, pre-natal care)	
b. Individual was referred to a primary care physician (if pregnant, prenatal care physician).	

**Question #3** Review the record to determine if the woman indicated her child(ren) was already receiving primary pediatric care or was referred to a primary pediatric care provider. The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. If the woman has no dependent children, rate this question a 9 (NA)

a. Individual indicated child(ren) was (were) receiving primary care.	
b. Individual's child(ren) was (were) referred to a primary pediatric care provider.	

**Question #4** Review the record to determine if the woman received gender specific substance abuse treatment or other therapeutic interventions which address issues of relationships, sexual and/or physical abuse and/or parenting identified in the assessment or service plan. Gender-specific services could include participation in women's only treatment services addressing these areas, arranging for specialized services i.e. domestic violence, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

**Question #5** Review the record to determine if the woman indicated that her child(ren) was already receiving therapeutic interventions, was referred for therapeutic interventions or indicated her child(ren) did not need therapeutic interventions. Therapeutic interventions could include services to address their developmental needs, child mental health or substance abuse issues. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. If individual has no dependent children, rate this question as 9 (NA).

a. Individual indicated child(ren) was (were) already receiving therapeutic interventions.	
b. Individual's child(ren) was (were) referred for therapeutic interventions.	
c. Individual indicated no need for therapeutic interventions	

**Question #6** Review the record to determine if the woman's need for case management services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

a. Documentation indicates case management services were needed.	
b. If case management was needed (#6a, above), services were provided.	
c. Documentation indicates case management services were not needed.	
<i>Overall Rating: If 6a = Yes and 6b = Yes, overall rating = 1/MET. If 6a = Yes and 6b = No, overall rating = 0/NOT MET. If 6c = Yes, overall rating = 1/MET.</i>	

**Question #7** Review the record to determine if the woman's ability to get to and from substance abuse services was assessed and adequate transportation was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. (Adequate transportation would include bus vouchers [if buses were in operation at the time of the service and individual's return home], taxi voucher, reimbursement for gas, Medicaid transportation, transportation in a program vehicle, etc.)

a. Individual indicated she had no transportation problems.	
b. Transportation options were provided for this individual.	

**Question #8** Review the record to determine if the woman's need for child care services in order to participate in substance abuse services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

a. Individual indicated there was no need for childcare services.	
b. Childcare options were provided for this individual.	

**Question #9** Determine if from date of assessment, either treatment through the LME was provided within two (2) weeks, or if treatment was not available through the LME within two (2) weeks, a referral to another service was made within forty-eight (48) hours.

**Question #10** The monitor will review each service record to determine if an NC TOPPS Initial Assessment was completed.

- The NC TOPPS Initial Assessment should be completed within 30 days of the first date of service.
- Subsequent updates must be completed within 15 days before or after the due date.
- A copy of the NC TOPPS Initial Assessment form can be found in the service record.

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.